

FILED JAN 4 1944

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **41723**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
 (d) Street No. 724 Clara Ave. 9
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Edward Blum

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec. day 26
 year 1943 hour 1 minute 00 P M.

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from 12/13
 _____, 1941, to 12/25, 1943
 that I last saw him alive on 12/24, 1943
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Rose Blum 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Influenza

7. Birth date of deceased. May 22 1892
(Month) (Day) (Year)

Due to _____
Influenza

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>7</u>	<u>4</u>	_____ hr. _____ min.

Due to _____
Influenza

9. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Garment Cutter

11. Industry or business _____

12. Name Harry Blum

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Immerblum

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Arnold Blum

(b) Address 724 Clara Ave.

17. (a) Removal (b) Date thereof 12-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Herman Ridschey
 (b) Address 5216 Delmar Blvd.

23. Signature _____
(Specify type of place) (e) Means of injury
Phys. Mansbach (M. D. or other)
 Address 462 N. Taylor Date signed 12/27/43

19. (a) DEC 28 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *William Herons*

Licensed Embalmer No. *4319*

P. O. Address. *5216 Delmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.